



MD BOARD OF OCCUPATIONAL THERAPY PRACTICE

Spring Grove Hospital Center • 55 Wade Avenue • Baltimore, MD 21228

410-402-8560 • 410-402-8561 (Fax)

<http://dhmh.maryland.gov/botp>

WRITTEN LICENSE VERIFICATION REQUEST FORM

Instructions:

1. Online verification is available via the Board's website, dhmh.maryland.gov/botp. Select Verify a License.
2. If requesting a written verification from the Board, with Board seal affixed, complete items 1 and 2, making sure to indicate where the requested information is to be sent.
3. Be sure to sign and date.
4. Enclose a \$20 check or money order payable to MBOT. Do not send cash.

1. REQUESTER INFORMATION : (Please print)

First Name: _____ Street: _____

Last Name: _____ City: _____

Phone: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

License Number: _____ Occupational Therapist Occupational Therapy Assistant

Name Originally Licensed Under: _____

Email – required to receive confirmation when verification is released: _____

2. ADDRESS WHERE WRITTEN VERIFICATION IS TO BE MAILED (Please print)

Name: _____

Street: _____ P.O. Box: _____

City: _____

State: _____ Zip: _____

Requestor's Signature: _____ Date: _____

Send completed form and payment to the address listed above.

VERIFICATION REQUESTS RECEIVED WITHOUT THE CORRECT PAYMENT WILL BE REJECTED.